BAYFIELD COUNTY SANITARY PERMIT APPLICATION

Zoning District	=
Lakes Class	

I. APPLICATION INFORMATION (Please Print All Information)	Soil Test County No: Permit No: 19-04/4 ENTERED								
Property Owner's Name:									
Matthew J + Katherine A Hedman	County: Ba	y field	Dayne	iu					
Address of Property: NIA (Sangwird Ln)	Property Location:								
	1/4, S 13 T 43 N, R 08 E (or) W								
Property Owner's Mailing Address:	Township:		Gov. Lot #:						
SII2 Oliver Are S	Cable		00145 "	0 1 11 1 1					
City, State Zip Code Phone Number	Lot # Block #:	: CSM #: 0	CSM Doc#	Subdivisio	n Name				
Minneapolis, MN 55419									
II. TYPE OF BUILDING: (Check One)	Tax ID#:								
State Owned	04-013-2-4	10 40 12-1	15-00	22-100	200				
Public (Explain the use/purpose) 1 or 2 Family Dwelling - No. of BedroomsNo Dwelling Yet	04-019-9-6	13-08-13-1	03						
III. TYPE OF PERMIT: (Check only one box on line A. Check box	on line B, if applica	ible)							
	Private Interceptor								
	🗀 -				-1>				
Reconnection Repair Revisio	n ** 💹 Tra	nsfer of Owner	(List Previou	us Owner b	elow)				
	_								
B) A Sanitary Permit was previously issued. <i>Previous</i>	s Permit Number:	Da	ate Issued:						
					oove				
IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replace	ements need previo	ous permit mann	ber and date	illiou out us					
C) Pit Privy Dault Privy (Vault size:	_gallons oro	cubic yards)							
Portable Privy Camping Transfer Unit Containe	er Comp	osting Toilets	Incir	nerating Toil	let				
V. ABSORPTION SYSTEM INFORMATION: 1. Gallons 2. Absorp, Area 3. Absorp, Area 4. Lo	ading Data	5. Perc. Rate	6. System	7 F					
T LEGIONS TO ANSON AREA TO AUSUID, AIRA 14, LC	Dauling Rate	0. 1 0.0			Final Grade				
	pading Rate s. / Day / Sq.Ft.)	(Min. Inch)	Elev.(F	eet) E	lev. (Feet)				
1. Gallotto 2. 7.000.p.7.1.00				eet) E					
Per Day Required (Sq.Ft.) Proposed (Sq. Ft.) (Gals	. / Day / Sq.Ft.)	(Min. Inch)	Elev.(F	Fiber	Elev. (Feet)				
Per Day Required (Sq.Ft.) Proposed (Sq. Ft.) (Gals	nufacturer's Pre	(Min. Inch)	Elev.(F	Fiber	Elev. (Feet)				
Per Day Required (Sq.Ft.) Proposed (Sq. Ft.) VI. TANK INFORMATION: Required (Sq.Ft.) Capacity In Gallons New Existing Tanks Total Gallons Formation Formation Gallons Total Formation Mai	nufacturer's Pre	(Min. Inch)	Elev.(F	Fiber Pl	Elev. (Feet)				
Per Day Required (Sq.Ft.) Proposed (Sq. Ft.) VI. TANK INFORMATION: Capacity In Gallons New Existing Tanks Total Gallons For Day Required (Sq.Ft.) Proposed (Sq. Ft.) For Day For Day	nufacturer's Pre	(Min. Inch)	Elev.(F	Fiber Pl	Elev. (Feet)				
Per Day NIA Required (Sq.Ft.) Proposed (Sq. Ft.) (Gals VI. TANK INFORMATION: Required (Sq.Ft.) Capacity In Gallons New Existing Tanks Tanks Septic Tank or Holding Tank Required (Sq.Ft.) Proposed (Sq. Ft.) Froposed (Sq. Ft.) NIA Total Gallons Tanks Mar	nufacturer's Pre	(Min. Inch)	Elev.(F	Fiber Pl	Elev. (Feet)				
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Per Day Required (Sq.Ft.) Proposed (Sq. Ft.) VI. TANK INFORMATION: Rew Tanks Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsite	nufacturer's Pre Conde	(Min. Inch) Ifab. Site Construct Shown on the att	Steel Steel tached plans.	Fiber - glass	Elev. (Feet)				
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City, Village, State or Federal May Also Be Required

ND USE - X ANITARY - X SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	19-0414			Issued	d To: M	atthev	thew & Katherine Hedman									
Location:	-	1/4	of	_	1/4	Section	13	Township	43	N.	Range	8	W.	Town of	Cable	*
E 700' N 1	2 of															
Gov't Lot 2		Lot		Block		Subdivision						CSM#				

For: Residential Other: [Pit Privy]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Maintain as required.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

November 20, 2019

Date